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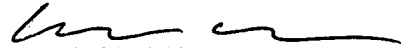


Signature
3/10/05
Date of Signature

Reconsideration of the patent term adjustment is requested. Please charge any petition fee under 37 C.F.R. § 1.18(e) to Deposit Account No. 23-1925. Please charge any additional fee required or credit for any excess fee paid to Deposit Account No. 23-1925. A duplicate copy of this Petition is attached.

Applicant respectfully requests reconsideration of the patent term adjustment for this patent. Office personnel are invited to contact the undersigned attorneys for the Applicant via telephone if such communication would expedite this request.

Respectfully submitted,



William F. Prendergast
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Agent for Applicants

BRINKS HOFER GILSON & LIONE
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(312) 321-4200



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450, on the below date:

Date: March 10, 2005 Name: William F. Prendergast

Signature:

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appln. of: David J. CollidiAppln. No.: 09/584,025Filed: May 30, 2000For: Dirt Map Method and Apparatus for Graphic Display SystemAttorney Docket No: 7871/4Examiner: Lance W. SealeyArt Unit: 2671

Mail Stop Patent Ext.
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

Sir:

Attached is/are:

- ☒ Request for Reconsideration of the Patent Term Adjustment
☒ Return Receipt Postcard

Fee calculation:

- ☐ No additional fee is required.
☐ Small Entity.
☐ An extension fee in an amount of \$_____ for a _____-month extension of time under 37 C.F.R. § 1.136(a).
☐ A petition or processing fee in an amount of \$_____ under 37 C.F.R. § 1.17(____).
☐ An additional filing fee has been calculated as shown below:

					Small Entity			Not a Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	or	Rate	Add'l Fee
Total		Minus			x \$25=			x \$50=	
Indep.		Minus			x 100=			x \$200=	
First Presentation of Multiple Dep. Claim					+\$180=			+\$360=	
					Total	\$		Total	\$

Fee payment:

- ☐ A check in the amount of \$_____ is enclosed.
☐ Please charge Deposit Account No. 23-1925 in the amount of \$_____. A copy of this Transmittal is enclosed for this purpose.
☐ Payment by credit card in the amount of \$_____ (Form PTO-2038 is attached).
☒ The Director is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this paper (including any extension fee required to ensure that this paper is timely filed), or to credit any overpayment, to Deposit Account No. 23-1925.

3/10/05
Date

Respectfully submitted,

William F. Prendergast (Reg. No. 34,699)